

2634/5

PTO/SB/21 (02-04)
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/689,854 | |
| | Filing Date | 10/13/2000 | |
| | First Named Inventor | Ville Eerola | |
| | Art Unit | 2634 | |
| | Examiner Name | Fan, Chieh M. | |
| Total Number of Pages in This Submission | 23 | Attorney Docket Number | 101002.53416US |

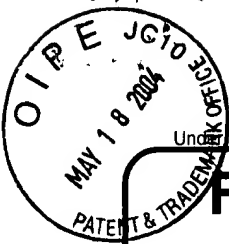
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| <input type="checkbox"/> Remarks Drawings include replacement sheets for FIGS. 1-3 and 8. | | RECEIVED MAY 25 2004 Technology Center 2600 |
| | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|----------------------------|
| Firm or Individual name | Jonathan M. Lindsay |
| Signature | <i>Jonathan M. Lindsay</i> |
| Date | May 14, 2004 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Signature | <i>A. Williams</i> | Date | May 14, 2004 |

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00

Complete if Known

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| Examiner Name | Fan, Chieh M. |
| Art Unit | 2634 |
| Attorney Docket No. | 101002.53416 |

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| METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 05-1323 Deposit Account Name: Crowell & Moring LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid 1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 420 2252 210 Extension for reply within second month 1253 950 2253 475 Extension for reply within third month 1254 1,480 2254 740 Extension for reply within fourth month 1255 2,010 2255 1,005 Extension for reply within fifth month 1401 330 2401 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal 1403 290 2403 145 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable 1453 1,330 2453 665 Petition to revive - unintentional 1501 1,330 2501 665 Utility issue fee (or reissue) 1502 480 2502 240 Design issue fee 1503 640 2503 320 Plant issue fee 1460 130 1460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) _____ *Reduced by Basic Filing Fee Paid |
| FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid 1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee SUBTOTAL (1) (\$) | 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims -20** = X Fee from below = Independent Claims -3** = X Fee Paid = Multiple Dependent = Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) |
| *or number previously paid, if greater; For Reissues, see above | |
| SUBTOTAL (3) (\$ 110.00 | |

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|---------------------------------------|--|
| SUBMITTED BY (Complete if applicable) | |
| Name (Print/Type) Jonathan M. Lindsay | Registration No. (Attorney/Agent) 45,810 |
| Signature [Signature] | Telephone 949/263-8400 |
| | Date May 14, 2004 |

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